

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Full Name of Contributor			Employer, Occupation, Labor Organization*				Registration Number, if PAC			
Street Address			Description of Item or Service				M	D	Y	Fair Market Value
City			State	Zip Code		Received at Fundraising Event?				
						I YES I NO				
Full Name of Contributor			Employer, Occupation, Labor Organization*				Registration Number, if PAC			
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City			State	Zip Code		Received at Fundraising Event?				
						I YES I NO				
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						I YES I NO				

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]